

APPLICATION FOR PERMIT LP GAS STORAGE TANK(S)



Department of Professional and Financial Regulation
Office of Licensing and Registration

PROPANE AND NATURAL GAS BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8610
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

LP Gas Storage Tank(s) Permit

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Permit application and payment for \$50.00
- Site Plan
- Piping Plan
- Fire Safety Analysis – reference NFPA 58 Handbook, Supplement 1

Incomplete applications will be returned.

PLEASE NOTE: The application is subject to compliance with local ordinances and permission for installation granted by local authorities when required.

REFERENCE CHECKLIST FOR SITE PLAN

A. Cross Section

1. Base material
2. Tank(s) Supports

B. Front and Side Elevations

1. Facility Design
 - a. Tank Valve
 - b. Strainer
 - c. Flex Connector
 - d. Pump
 - e. By-Pass Line
 - f. Transfer Valve
 - g. Excess Flow Valve
 - h. Meter
 - i. Vapor Eliminator Line
 - j. Vent Valve
 - k. Break-A-Way Coupling
 - l. Hose End Valve
 - m. Relief Valve
 - n. Hydrostatic Relief Valve
 - o. Piping
 - p. Vaporizer
 - q. Emergency Shutdown Devices
2. Labeling
 - a. Piping
 - b. Tanks

- (i) Placard Number
- (ii) Identification Contents
- (iii) Flammable

3. Protection

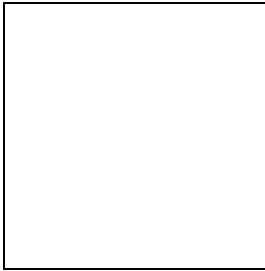
- a. Collision
- b. Flood
- c. Tampering
- d. Fire Extinguishment

C. Plot Plan

1. Distance from tank to

- a. Buildings
- b. Street
- c. Property Lines
- d. Other Propane or Fuel Storage Tanks
- e. Ignition Sources
- f. Fence

LP GAS STORAGE TANK(S) PERMIT APPLICATION



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PROPANE AND NATURAL GAS BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8610 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Cash #: _____

License #: _____

Date Issued: _____

4510-1441 \$50.00

PERMIT FEE: \$50.00

| | | |
|--|--------------------------|---|
| PAYMENT OPTIONS: | <input type="checkbox"/> | Check or Money Order Payable to "Treasurer State of Maine". |
| | <input type="checkbox"/> | Credit Card: MasterCard or VISA Only. Complete the following: |
| I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to | | |
| charge my MasterCard/VISA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Exp. Date ____/____/____ | | |
| in the amount of \$50.00. Signature: _____ | | |

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

| | | |
|-------------------------|---------------------------------|-----------|
| Name of Facility: | | |
| Address of Facility: | | |
| City: | State: | Zip Code: |
| County: | Telephone: (____) _____ - _____ | |
| Name of Contact Person: | Telephone: (____) _____ - _____ | |
| Name of Owner: | | |
| Address of Owner: | | |
| City: | State: | Zip Code: |

PERMIT TO BE MAILED TO:

| | | |
|----------|--------|-----------|
| Name: | | |
| Address: | | |
| City: | State: | Zip Code: |

| | |
|---|---|
| Type of Tanks: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal | Number of Tanks: _____ |
| Capacity Per Tank: _____ | Tank(s) Protected: _____ |
| Distances From: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Nearest Building _____ Intake to Direct Vent Appliance _____ Flammable or Combustible Liquid Tank (s) </div> <div style="width: 45%;"> _____ Sources of Ignition _____ Property Line _____ Street </div> </div> | |
| Is Tank: <input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Rooftop | |
| Nature of Foundation: _____ | |
| Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name and address of Individual Who Will Construct: Name _____ Home Address: _____ _____ _____ (A copy of the permit will be mailed to this individual) | Propane and Natural Gas License Number of Individual who will Construct : PNT _____ |

DO NOT WRITE IN THIS BLOCK

INSPECTED BY: _____ DATE: _____

APPROVED: _____

NOT APPROVED: _____

RECOMMENDATIONS: _____

PLEASE NOTE: This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required.

Do not forget to include:

- Site Plan
- Piping Plan
- Fire Safety Analysis